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PTO/SB/36 (10-01)
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**REQUEST TO RESCIND PREVIOUS
NONPUBLICATION REQUEST
35 U.S.C. 122(b)(2)(B)(ii)**

Application Number	09/866,770
Filing Date	May 30, 2001
First Named Inventor	William Christopher Hardy
Title	DETERMINING THE EFFECTS OF NEW TYPES OF IMPAIRMENTS ON PERCEIVED QUALITY OF A VOICE SERVICE
Atty Docket Number	RIC98014P2
Group Art Unit	2661
Examiner	NOT ASSIGNED

I hereby **rescind** the previous request that the above-identified application not be published under 35 U.S.C. 122(b).

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5/9/2002

Date

Signature

Brian C. Oakes Reg. 41,467

Typed or printed name

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This request must be signed in compliance with 37 CFR 1.33(b).

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Name (Print/Type) Tracy Goodwin

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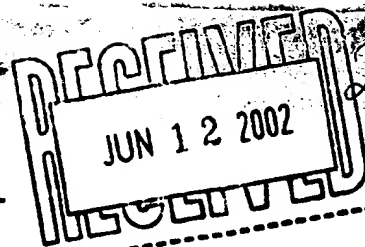
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/866,770	
	Filing Date	May 30, 2001	
	First Named Inventor	William Christopher Hardy	
	Group Art Unit	2661	
	Examiner Name	NOT ASSIGNED	
Total Number of Pages in This Submission	2	Attorney Docket Number	RIC98014P2

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request to Rescind Previous NonPublication Request 35 U.S.C. 122(b)(2)(B)(iii) Return Postcard
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Firm or Individual name	Brian C. Oakes Reg. No. 41,467 WorldCom, Inc.
Signature	<i>Brian C. Oakes</i>
Date	5/9/2002

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Typed or printed name	Tracy Goodwin
Signature	<i>Tracy Goodwin</i>
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